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CNI	RESENTATIVES	Tan Mamban Ca	FORM B	LEGISLATIVE RESOURCE OF D	of
TINA	FINANCIAL DISCLOSURE STATEMENT			18 JUN 28 PM 1: 24	1: 24
Name:	ne: Jefferson Van Dew Daytime	ime Telephone:	e :	A	1
7	New Member of or Candidate for State: NJ U.S. House of Representativs District: 2 Candidates - Date of Election: 06/05/18		Check if Amendment	1	
STATUS	New Officer or Employee Staff Filer To	ype (If Applicable): Principal Assistant	Period Covered: January 1, 2018 to June 18, 2018	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	inst any s late.
PREL	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	SE QUESTIO	NS		
A. Did a. Od b. Re	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from eny reportable asset during the reporting period?	No E. D	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting Yes No	
C. Did : honore reportir	C. Did you or your spouse have "earned" income (e.g., salaries, honorena, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. D outs	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	n the current calendar Yes No	
D. Did)	D. Did you, your spouse, or your dependent child have eny reportable Yes liability (more than \$10,000) et eny point during the reporting period?	Buts on	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No	
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ONDING SCHEI	DULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO (S" COMPLETE	
EXCL	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	DRMATION - /	ANSWER <u>BOTH</u> OF THES	E QUESTIONS	
TRUSTS from this	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	cs and certain other *?	excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes No	
EXEMP exempt	EXEMPTIDN – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet ell three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or liabilities of a spo	use or dependent child because they me	et ell three tests for Yes No	K

SCHEDULE A - A

ASSETS	ASSETS & "UNEANED INCOME"	Name: Jeff	Jefferson Van Drew	Page 2 of 6
	BLOCK B	BLOCK C	BLOCK D	ΧO
Sources	alue of Asset	Type of Income	Amount of Income	fincome
or investment or li lair market value us is reporting period, is recurred of incomo in 30 In funeamed o	or investment of indicate value of as and dose of the reporting period. If you check all columns that apply. For accountial for assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other market value as values on and other than the market value, pleased that garnarde tax-deferred income (such as assets indicate the category of income by checking the appropriate box below. Divisiones, and or reporting period aspecify the method text. 40 (10), IFA, or 629 accounts, you may check applied pating, even if relievested, must be disclosed as income for assets held in taxable accounts, if source of income if an asset was sold within the reporting period and it included the "Tax-Deferred" column. Divisionals Check "None" if no income was earned or generated.	Check el columns that apply. For account that genurate tax-deferred income (such a dof(in), IFA, or 629 accounts), you may check the "Tax-Dolerned" column. Dividend thanset, and capital gains, even	IS For assets for which you checked "Tax-Deferred" in Blog Syssets indicate the category of income by checking the Capital gains, even if reinvested, must be disclosed Check "Note" if no income was earned or generated.	ck C, you may check the "None" column. For all other na appropriate box below. Dividends, interest, and d as income for essets held in taxable accounts.

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	sets and/or Incon	nity (a) each asset held for investment of Juction of income and with a fair market value seeding \$1.000 at the end of the reporting period (b) any other reportable east or source of income the generated more than \$200 in "unearned me during the year.	and complain names of creeks and words for	not use only taker symbols).		bank and other cash accounts, total the amount in	nierest-bearing accounts. If the lotal is one to open on the lotal is one to the lotal	ental and other real property heid for investment ide a complete address or description, e.g. al property, and a city and state.	n ownership interest in a privately-held business is not publicly traded, slate the name of the tests, the nature of its activities, and its raphic location in Block A.	ude: Your personal residence, including second as and vacation homes (unless there was rental me during the reporting period); and any financia set in, or isopone derived from, a federal ment program, including the Thrift Savings Plan		use chacse, you may indicate that an asset or ne source is that of your spouse (SP) or indent child (DC), or jointly held with anyone (JT), optional column on the fail left.	detailed discussion of Schedule A requirements, o rafer to the instruction booklet.	E				Vanguard S&P 500 Index Fund	Vanguard Total Stock Market ETF	Vanguard Wellington	Vanguard Intermediate Term
MONE	'alue of Asset		and hold by your and	Column M is for a serie by your above or dependent child in which you have no interest.		50 0					100 100 100 100 100 100 100 100 100 100	15,000 150,000 1700,000 \$250,000 \$1,000,000 11-\$5,000,000 11-\$50,000,000 101-\$50,000,000	\$1-\$1.000 \$1,001-\$1 \$15,601-\$ \$50,001-\$ \$100,001 \$250,001 \$500,001 \$5,000,00 \$25,000,00 \$25,000,00		Presi	CONTRACTOR OF THE PROPERTY OF	X			August property of the second property of the	personal transfer of the second secon
\$201-\$1,000 #	Type of Income	Creck all columns that apply. For accounts that generate tax-deferred income (such as 101(k), IRA, or 529 accounts), you may check the Tax-Deferred column. Unidente, therest, and capital galins, even if reinvested, must be declosed as income	isinystiad, must be preciosed as income for assets, held in taxable accounts. Check	Marquo no		Walter of Victoria			or Farm Income	artnerskip incoree		T GAINS ED-BLIND TRUS EARED	DIVIDENT RENT INTERES CAPITAL EXCEPTI TAX-DEF			102/2018	Parties Andrews	×	×	×	×
\$1,000,001-\$1,000,000 \times \	Amount of Income	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. F assets indicate the category of income by checking the appropriate box below. Dividends, inticapital gains, even if reinvested, must be disclosed as income for assets held in taxable Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Column XII is for assets held by your spouse or dependent child in which you have no interest.			Current Year Preceding Year	X X				11.000.006	2,500 5,000 5,000 550,000 51,000,000 \$1,000,000 10,000,000 C Income over \$ 5,000 5,000 50,000 100,000 11,000,000 11,000,000 11,000,000	\$1-\$200 \$201-\$1,0 \$1,001-\$2 \$2,501-\$1 \$5,001-\$1 \$50,001-\$1 \$100,001- \$1,000 \$1,5200 \$201-\$1,0 \$1,001-\$2 \$2,501-\$1 \$15,001-\$1 \$15,001-\$1 \$15,001-\$1 \$15,001-\$1 \$15,001-\$1		¥	The second of th	X		The state of the s		

SETS & "UNEA;NED INCOME"	
Name: Jefferson Van Drew	
Page 3 of 6	

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SCHEDULE C - EARNED INCOME

List the source, type, and amount of earned income in Bny source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any norarie. List only the source for other spouse earned income exceeding \$1,000. See exemples below. EXCLUDE: Military pay (such as National Guard or ; serve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED (NCOME: Be : rized that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above ("sunior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship are totally prohibited for Members and senior staff.	income may epply to you after you fimit is \$28,050. In addition, certuor staff.	u ere on House peyroll. The 2017 ain types of income (notably honorar	limit on outside earned income for ia, director's fees, and payments for
		Am	Amount
Source (include date of reeipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (J. 15)	Honorarium	80 OS	\$500 \$78,000
EXAMPLES: Civil War Roundtable (Oct. 2) Ordano County Board of Education	Spouse Speedin Spouse Salary	\$0 NVA	\$1,000 N/A
NJ State Senator	Salary	\$24,499	\$47,436
Dentist	Salary	\$37,000	\$87,000
			·

SCHEDULE D - LIABILITIES

Name: Jefferson Van Drew Page 2

Report liabilities of over \$10,000 owed to entry one crex at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to put ell liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are e Member); foans secur by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, pere or sibling of you or your spouse. Report a revolving charge eccount (i.e., credit card) only if the balanca at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held lefy by your spouse or dependent child.

				SP DC.JT		
			Example			
			First Bank of Wiltrington, DE	Creditor		
			5/98	Date Liability incurred MO/YR		
			Mortgaga on Rental Property, Dover. DE	Type of Liability		
,				\$10,001- \$15,000		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educationel or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or partnership, and the contractions held in the contractions and the contractions are contracted as a second contraction of the contractions and the contractions are contracted as a second contraction of the contra political entities (such as political parties and campaign organizations); end positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-yeer candidates and new employees report positions held in the current calendar year end two previous years.

The second secon	The same same same same same same same sam
Position	Name of Organization
Chairman (Unpaid) - Peer Review	Atlantic & Cape May Dental Society - Peer Review

SCHEDULE F - AGREEMENTS

ement that you have with respect to: future employment; a leave of absence during the period of government service.	Name: Jefferson Van Drew Page 6
t of government service;	Page 6 of 6

Identify the date, parties to, and general terms of anyreement or arrangement that you have with respect to: tuture employment, a teave or according to continuation or deferral of payments by a former or cent employer other than the U.S. government, or continuing perticipation in en employee welfare or benefit plan meintained by a former

Date	Parties to reement	Terms of Agreement
12/16	Myself & Sta of NJ	Pension

SCHEDULE J - COMPENSATION INEXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or yur business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or organ business enterprise if you directly provided the services generating effect or payment of more than \$5,000. Exclude: Payments by the U.S. government end eny information considered confidental as a result of e privileged reletionship recognized by law. Do not repeat information flated on Schedule C.

T	UBDILLOS paragraphics	al as a result of e	The state of the s
	Source (Name and City/State)		Brief Description of Duties
Exemple:	Doe Jones & Smith, Hometown, Homestate	omestate	Accounting Services
	A CONTRACTOR OF THE CONTRACTOR		
